

CLERK

DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

2013 NOV - 11: 59

TX EASTERN DISTRICT

PENOVIA LLC

)

)

)

)

*Plaintiff(s)*

)

v.

)

ACTIONTEC ELECTRONICS, INC.

)

)

)

*Defendant(s)*

)

Civil Action No. 2:13-cv-770

BY \_\_\_\_\_

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*) ACTIONTEC ELECTRONICS, INC.  
c/o C T CORPORATION SYSTEM  
350 N. ST. PAUL ST. STE. 2900  
DALLAS, TX 75201-4234

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Craig Tadlock

Tadlock Law Firm PLLC  
2701 Dallas Parkway, Suite 360  
Plano, TX 75093

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

*David Malan*

Signature of Clerk or Deputy Clerk

Date: 09/27/2013



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Civil Action No. 2:13-CV-770

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* ACTIONTEC ELECTRONICS, INC.  
was received by me on *(date)* 10/01/2013

- I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or
- I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

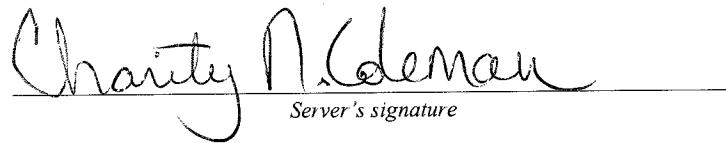
- I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*: DELIVERED BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED TO ACTIONTEC  
ELECTRONICS, INC. BY DELIVERING TO ITS' REGISTERED AGENT, CT  
CORPORATION SYSTEM, BY DELIVERING TO ITS' AUTHORIZED AGENT,  
CHRISTOPHER S. WELLS AT 350 N. SAINT PAUL STREET, SUITE 2900 \*\*\*

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 10/21/2013

  
*Charity N. Coleman*  
\_\_\_\_\_  
*Server's signature*

CHARITY N. COLEMAN, P.P.S. SCH 2761

*Printed name and title*

5470 LYNDON B. JOHNSON FREEWAY  
DALLAS, TEXAS 75240

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

\*\*\* DALLAS, TEXAS 75201 ON 10/03/2013 AT 10:02AM.. U.S.P.S. FORM 3811 SIGNED BY CHRISTOPHER S.  
WELLS IS ATTACHED TO THIS FORM

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature	
		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	
		C. Date of Delivery	
		Is delivery address different from Item 1? <input type="checkbox"/> Yes Is delivery address same as item 1? <input checked="" type="checkbox"/> No	
<p>ACTIONTEC ELECTRONICS, INC. C/O C T CORPORATION SYSTEM</p> <p>350 N. ST. PAUL STREET, SUITE 2900 DALLAS TX 75201</p>		D. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
E. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
F. Article Number (Transfer from service label)		7012 1010 0000 7960 6774	
G. PS Form 3811. February 2004		Domestic Return Receipt 274 0479 102595-02-M-1540	